

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32023

State File No. _____

BIRTH NO. 61634 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 407

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (In this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Rt #2, Seneca, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rickey</u> (Middle) <u>Lee</u> (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept 6-1952</u>	9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, State or Foreign Country) <u>Joplin, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Wan Lee Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Katherine Davis</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wan Lee Jones, Rt #2 Seneca, Mo.</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>New Born Cerebral Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stomach Club</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>7600</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.L. Ferguson M.D.</u>		23b. ADDRESS <u>Frisco Bldg.</u>		23c. DATE SIGNED <u>Sept 9</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>9-10-'52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hornet Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Hornet, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>Ed O. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thombell-DeLeon Mort</u>			
ADDRESS <u>Joplin Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 3001
10.48

SEP 24 1952

RECEIVED 7-22-52
Jasper County Health Office
County File Number 52/97735
Date Filed 7-22-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Quinn R. R. R. R. R.

Licensed Embalmer No. 3590

P. O. Address *Spring, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.